DECLARATION FOR UTILITY OR **DESIGN** PATENT APPLICATION (37 CFR 1.63)

☑ Declaration Submitted with Initial Filing

□ Declaration OR Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Dock t Numb	er P/35-4				
First Named Inventor	Michael D. Krysiak				
COMPLETE IF KNOWN					
Application Number	/				
Filing Date					
Group Art Unit					
Examiner Name					

					
As a below named inventor, I he	ereby declare that:				
My residence, mailing address, an	nd citizenship are as sta	ited below next to my na	me.		
I believe I am the original, first and names are listed below) of the sub	I sole inventor (if only or bject matter which is cla	ne name is listed below) aimed and for which a pa	or an original, firs tent is sought on	st and joint inventor (if plural the invention entitled:	
COLORED OR FRAGRANCED HORTICULTURAL/AGRICULTURAL PRODUCTS					
the specification of which	(1	Title of the Invention)			
is attached hereto					
OR as United States Application Number or PCT International					
was filed on (MM/DD/YYYY)				(if applicable).	
Application Number and was amended on (MM/DD/YYYY) (if applicable).					
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.					
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.					
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.					
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)		Certified Copy Attached? YES NO	
	į	-	0000		
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:					
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.					
Application Number(s)	Filing Date	e (MM/DD/YYYY)	numbers suppleme	al provisional application are listed on a ental priority data sheet 02B attached hereto.	

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

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Country	Telephon	ı _• 1-516-	739-15	00	Fax 1=516-739-2189	
I hereby declare that all statements made herein of my own knowledge are true and that all eletements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like co make are punishable by line or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jacquardize the validity of the application or any patent issued thereon.						
NAME OF SOLE OR FIRST INVE	ENTOR:		petition	has been fik	ed for this unsigned inventor	
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day Green Bay	State WI		ZIP 54	1311	Country USA	
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Additional inventors are being named on the 3 supplemental Additional Inventor(s) sheet(s) PTO/88/02A attached hareto						

Present type a plus sign (+) inside to the provider of 1985, no persons are required to rescond to a polician of information Act of 1985, no persons are required to rescond to a polician of information Links it contains a valid OMB nontrivi number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 3

Name of Additional Joint Inventor, if any:							
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Inventor's Signature Date						Date	
Residence: City	State			Country		Citizenship	
Melling Address							
Mailing Address							
CHY				700			
	State		-	ZIP	Cour	ISTY	
Name of Additional Joint Inventor, if any:						unaigned inventor	
Given Name (first and middle [if any])			Family Name or Surname				
Inventor's Cate						Date	
Residence: City	State			Country		Citizenship	
Making Address							
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